

| CASE STUDY: MISSISSIPPI |

Establishing eReferral Capacity

OVERVIEW

Tobacco use is the leading preventable cause of disease and death in the United States. In Mississippi, 5,400 adults die annually from smoking, and 192,000 children are exposed to secondhand smoke in their homes. Because of the rural makeup of the state, Mississippi's population is sometimes at a disadvantage when it comes to accessing healthcare and treatment.

The Quitline is an evidence-based treatment option that has the potential for mass reach to all populations throughout the state, including those socioeconomically disadvantaged groups as well as other disparate groups. Prior to participating in NAQC's pilot project on implementing electronic referral (eReferral) through Electronic Health Records (EHRs), healthcare providers referred potential participants to the Mississippi Tobacco Quitline by paper-based, fax referral forms. Utilization of this form resulted in data discrepancies and barriers to contacting potential enrollees due to:

- Incomplete forms
- Illegible handwriting
- Incorrect contact information
- Missing signature(s) for consent

During the process of contacting potential participants, all attempts to make contact were documented and became a part of the referred individual's file. The amount of counselor time required to process the paper-based fax referral was significant. To address the challenges encountered using fax referral forms, strategies were developed to improve the reach of the Quitline to populations throughout the state who could benefit most from treatment. Developing the capacity to

conduct eReferrals was among the strategies explored and ultimately the one executed through this project.

The service area demographics of the eReferral pilot project included Health District IX (i.e., the cities of Biloxi, Gulfport, and other Mississippi coastal communities). The smoking prevalence in this area, as in other parts of the state, is high. Additionally, there is a high prevalence of infant mortality in the targeted area. Studies have linked cigarette smoking with increased risks for Sudden Infant Death Syndrome (SIDS). The demographics of Health District IX also include a large Hispanic population. The MS Tobacco Quitline conducts outreach to this population as well as other disparate groups within the state to reduce health-related disparities among tobacco users.

The target population for this pilot was adult (*or tobacco users less than 18 years of age with parental consent*) tobacco users who are members of disparate populations (i.e., those who are underserved and/or uninsured with limited access to tobacco cessation treatment are those groups that are most affected by the harmful effects of tobacco use).

The Team

MS Department of Health (MSDH) took the lead on putting together a team to help implement the eReferral pilot. The goal of the team was to facilitate the sending and receiving of eReferrals (CCD) between the healthcare provider and the MS Tobacco Quitline. In addition to MSDH, the team included:

- **Mississippi Health Information Network (MSHIN)** which is currently working with the agency to facilitate

the management of electronic records transactions;

- **Information and Quality Healthcare (IQH)**, the Quitline vendor for MS which receives the e-referrals for processing; and
- **Coastal Family Health Center (Coastal)**, a federally-qualified health center which was involved in a healthcare outreach project to ensure electronic access of health records.

Challenge

Once engaged in the pilot project, the team faced two challenges. The first challenge was identifying and selecting a healthcare system with the capacity to make electronic referrals to the quitline. The Quitline develop a priority list of potential healthcare partners based on the volume of referrals to the Quitline. Based on initial conversations, it was evident that the team would need to provide education, information, and resources to potential pilot participants in order to describe the benefits of participating. The team developed a one-pager to provide a quick view of the benefits of participating in the pilot project and a presentation to present to potential clinics to discuss eReferral.

Informational sessions with potential clinics were held with the goal being to show healthcare providers how eReferrals can increase efficiency in treating tobacco users.

Several prospective healthcare system partners were deemed unsuitable due to a lack of available IT staff. For some healthcare partners, the challenge was that the programmatic staff was interested in participating in the project but the IT staff had other



priorities. Coastal Family Health Center, a federally qualified health center, was ultimately identified as an optimal choice to collaborate with in this pilot project since it was already involved in a community outreach project that was implemented after Hurricane Katrina. Subsequently, Coastal had eReferral capabilities and was interested in participating in the pilot.

IT capacity within the healthcare sector and acquiring the level of IT staff needed to fully implement the project proved to be another challenge. The MS Tobacco Quitline would need additional funding for Hardware, IT Consultant(s), and system interfaces required for eReferral implementation. To address the challenges of e-referral implementation and move the project forward we recognized the need to collaborate with external IT experts, and partnered with NAQC's IT consultant, Evan Frankel, and the MS Health Information Network (MSHIN). Together, they conducted an eReferral Technical Assessment of the MS Quitline and Coastal. The goal of the assessment was to determine the steps necessary to automate eReferral, thereby improving the state's capacity to help tobacco users in their attempts to quit.

Process

The first step for the team was to conduct an eReferral technical assessment of the Mississippi Quitline and Coastal. The assessment helped identify the steps needed to build eReferral capacity. Based on the findings from the IT assessment, the team strategically moved forward with:

1. Developing an implementation plan with clear and measurable objectives;
2. Formally engaging the pilot healthcare system, Coastal Family Health Center;
3. Initiating test messages (i.e., sending/receiving test messages); and



4. Awaiting feedback from Coastal on return documentation from the quitline vendor, IQH.

Outcomes

The eReferral process established through this pilot set a precedent for systems changes in treating chronic tobacco use in Mississippi and established a new way of making referrals with the state's quitline vendor, thereby increasing the number of quitline services provided and tobacco users served. Though additional technical work is needed to effectively establish eReferrals with the healthcare partner's EHR, the groundwork established through this pilot will ultimately benefit the entire state of Mississippi. Highlights of statistics on the number and types of eReferrals established as a result of this pilot include:

- Number of eReferrals - 144
- Number of referrals who registered for services - 52
- Number and types of services delivered - 26
 - Phone – 15
 - Online – 5
 - Referred to other treatment – 3
 - Information only - 3
 - Quit status: Quit at 7 days – 2; Quit at 30 days – 2; 7 month quit rate not yet available

VALUABLE LESSONS LEARNED

Key lessons learned from our team's experience include:

- There is variability in the implementation process based on the EHR vendor. A variety of EHRs exist throughout the various healthcare systems in the state of Mississippi which can pose technical and financial challenges. For our state team, the challenge became determining a standard solution that was feasible for all healthcare systems.
- Having access to an IT consultant experienced with eReferral implementation and working directly with the Quitline vendor on every phase of the project was critical to our team's implementation effort. Additionally, the team's IT staff was also instrumental in identifying challenges, creating solutions and identifying the capabilities necessary to move the project forward.
- Having partners willing to persist and work collaboratively to address challenges is critical. Mississippi State Team faced several challenges through the course of this project and at some points, became truly stuck. However, with the help of the IT technical assistance and expertise provided by NAQC through this project the team was able to overcome challenges,

identify solutions and continue to move forward with implementation. Had the team chose not to move forward with the project, the healthcare providers and citizens of Mississippi would not have access to the benefits of eReferral.

KEY ELEMENTS FOR SUCCESS

Reflecting back on the process, challenges and overall experience of this project, we feel the following are key elements to ensure success:

- 1. Having access to IT technical assistance was critical in our team's implementation success.** Initially, there was not a clear understanding of the capacity to handle eReferrals. IT consultants from MSHIN and from NAQC helped guide the technical aspects of the implementation plan and create manageable phases of work.
- 2. Regular communication with team members is key!** To ensure communication, establish a meeting or call schedule with an agenda based on deliverables or challenges from previous calls or meetings.
- 3. Obtain a thorough understanding of your organization's capacity to handle increases in referrals from the healthcare organizations you are seeking to engage.** For this element, communication and transparency on the part of all organizations is key.
- 4. Ensure adequate staffing is in place and available to the project from all partners.** This will prevent team members from feeling overwhelmed by challenges that often arise with eReferral implementation.
- 5. Obtain buy-in from administration to eReferral implementation.** Ensure that the right people are at the table during the initial planning phase to ensure the necessary buy-in, perspectives and agreement on expectations.
- 6. Make sure all perspectives are communicated from the start and**

there is clear agreement to move forward. For our healthcare partner, the clinical staff was engaged and ready to move forward but the IT Department had a different agenda with different priorities for the project.

- 7. Do your homework.** Become familiar with the NAQC eReferral Implementation Technical Guide and the language related to EHRs. Many healthcare systems are not utilizing HL7v3 technology. There are a lot of new acronyms and IT concepts that team members must learn. The Guide provides definitions for these terms and explains key concepts. The Guide is also useful to discuss with your health care partner the elements and technical specifications necessary to fully and successfully implement eReferral.
- 8. Enlist a tobacco cessation champion within the participating healthcare site.** This is beneficial to staying on task and moving the pilot forward. 🌱

*For more information about the eReferral Initiative, contact: **Tasha Moses** at tmoses@naquitline.org.*

ACKNOWLEDGEMENTS

This report was produced with funding from the Pfizer Independent Grants for Learning & Change. The contents of this publication are under the editorial control of NAQC and do not necessarily represent the official views of the funding organization.

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NAQC acknowledges Linda Bailey, JD, MPH for serving as editor, Tasha Moses, MPA, for serving as editor and designing the publication. For the layout, NAQC would like to thank its Administrative Manager, Natalia Gromov.